 			NATION RECORI
 CENT AL	06) 11-V11/18	CEE NEIGONI	NATION BECOR
 		FFF UF LENWI	VALUAY RELATED
			William IIPAAII

Effective October 1, 2003

AFE 0001	
11-11-000	
10-1-1	

Application or Docket Number

CLAIMS AS FILED - PART SMALL ENTITY OTHER TH. (Column 1) (Column 2) TYPE OR SMALL ENT												
T	OTAL CLAIMS	3	2	4	100.0	•	lr	RATE	FEE	7.	RATE	FEE
			NUMBER FILED		NUMBER EXTRA		-	BASIC FEE	+	1	BASIC FEE	
		011	011		NUMBEREATIA			 	1		770.00	
TOTAL CHARGEABLE CLAIMS			1	29 minus 20= 1*		- 9		X\$ 9=	36.0	POR	X\$18=	
INDEPENDENT CLAIMS 3 minus 3 =							X43=		OR	X86=-	·	
M	MULTIPLE DEPENDENT CLAIM PRESENT +145= OR +290=											
* H	If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 42/OR TOTAL.											
	CLAIMS AS AMENDED - PART II OTHER THAN											
	(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT A	23/03/1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total -	· 24	Minus	1 m	5	•	Г	X\$ 9=		OR	X\$18=	
AME	Independent	. 3	Minus	(7)	5			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.									+290=			
	LOW ISE			•	•	. 0	L_	TOTAL			TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)						, , , , , , , , , , , , , , , , , , ,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		PATE"	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 7		Minus	**	•			X\$ 9=	•	OR	X\$18=	
AME	Independent		Minus	***		•		X43≃		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		!	145=			+290=	. •
								TOTAL		OR	TOTAL	•
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					•	ADI	OIT. FEE		OR	NOON FEE	
_		(Column 1)		LUCUA		(Column 3)	_		<u> </u>		•	
AMENDMENI C	ala professionale	REMAINING . AFTER AMENDMENT		NUMB PREVIO PAID F	ER . USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
2	Total	•	Minus	*		.	5	(\$ 9=		OR	X\$18=	•
	Independent		Minus	***			Ι,	K43=		. 1	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			.,,,,,		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												